



DIVISION OF DEVELOPMENTAL DISABILITIES

**DOCUMENTATION OF FIRST USE OF MEDICAID BENEFITS**

DATE:

TO:

RE:

Dear:

You have requested authorization for one or more of the following extended state plan waiver services:

- ☐ Physical therapy
- ☐ Occupational therapy
- ☐ Speech and hearing and language services

Since these are services available to you as a Medicaid benefit, documentation is required to substantiate that you have first utilized all of the Medicaid benefits available to you before Waiver funding is used. (WAC 388-845-1000 and WAC 388-845-1015)

Please complete the following and return to me by mail or FAX.

- ☐ Medicaid paid for this therapy for        # sessions/        # months.  
Name of therapist:
- ☐ My therapist received approval from MAA (Medicaid Assistance Administration) for additional therapy, and completed additional sessions of therapy.
- ☐ My therapist asked MAA for approval of additional sessions and was denied.
- ☐ I am on a waiting list for services from a Medicaid contracted therapist.
  - o Medicaid funded services will not be available to me until
  - o The provider is
- ☐ I could not locate an available Medicaid contracted therapist within 60 miles of my home.
- ☐ Service not covered by Medicaid (Specify the service) \_\_\_\_\_.

Thank you.

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
FAX Number (include area code)

Mailing Address:

Enclosure: Self addressed envelope

cc:        Client File

## INSTRUCTIONS

### **When do I use this form?**

You must use to this form before approving the authorization and payment of extended state plan services as a waiver service.

### **What options do I have for getting this form completed?**

- You may complete this form during an interview or telephone discussion with the person/family/legal representative or
- You can mail it out to be completed and returned by mail. When mailing the form, include a self-addressed return envelope.

### **Do I need additional verification of this information?**

You must determine if this notice provides you sufficient information. You may need to call the therapist/clinic for further information or verification.

### **Do I need to anything else if one of the reasons on this form is checked?**

If you are exempting use of first use of Medicaid because there is no Medicaid provider available or willing to do this service within 60 miles of the person's home, you must proceed to the Waiver ETR form # 15-271 and instructions.

### **Do I have to use Medicaid contracted therapist when authorizing Waiver services?**

You can use any ADSA contracted therapist when authorizing waiver services. If the person wants to continue with their Medicaid contracted therapist, the therapist must have an ADSA contract before you can authorize services through the waiver.